

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**Connecticut Department of Public Health  
Testimony Presented Before the Appropriations Committee  
State Budget Adjustments for the Biennium Ending June 30, 2023  
February 24, 2022  
Commissioner Manisha Juthani, MD**

Good morning, Senator Osten, Representative Walker, Senator Miner, Representative France and members of the Appropriations Committee and Health Subcommittee. I am Dr. Manisha Juthani, Commissioner of the Department of Public Health (DPH), and I am here to testify in support of the Governor's proposed budget adjustments, House Bill 5037, An Act Adjusting the State Budget for the Biennium Ending June 30, 2023. Thank you for the opportunity to testify before you today.

When I started as Commissioner on September 20, 2021, I had the opportunity to outline my priorities for the department and determine where I planned to focus my efforts as its leader. These priorities remain combatting the COVID-19 pandemic, revitalizing public health, promoting workforce development, ensuring local health capacity, and addressing the impacts of climate change on public health. Engrained in each of these priorities is a focus on health equity, which is at the forefront of all decision making.

While historically flying under the radar, public health, as a practice and as a department, has been thrust into the spotlight, giving DPH the opportunity to mobilize in a way it had not in the past. I am proud of the way the department built its capacity and adapted to this new challenge and how it continues to do so as the COVID-19 virus has mutated and spread. The pandemic has also highlighted and exacerbated other existing public health challenges including behavioral health, gun violence, domestic violence, opioid overdoses, and maternal and infant mortality to name a few.

With the enhanced focus on public health, additional resources have afforded the department the opportunity to respond quickly to the challenges we continue to face. If we have learned anything from the COVID-19 pandemic, it is that when we are presented with opportunities to build and grow, we must capitalize on them. An influx of federal funds has allowed us to strengthen and modernize the department. We have built a COVID-19 testing program that can contract and expand with demand, and a vaccination program that adapts to the needs of our communities, allowing us to remain one of the most vaccinated states in the country. As a department we have strengthened and forged new relationships with our local health departments, which have been vital front-line partners in disseminating information and distributing tests and personal protective equipment (PPE) to our communities. Our new Health Equity Team has been paramount in building relationships with communities in Connecticut and working effectively to increase vaccination uptake and maximize at home test kit availability. With this team, the department



Phone: (860) 509-7713 • Fax: (860) 509-7111  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

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is promoting equity in all policies, a practice that will remain when COVID-19 and its fallout are no longer the impetus for change.

With the department's new and strengthened programs, we are building a framework for what we want public health and the Department of Public Health to look like well into the future. It is this infrastructure that will allow us to continue to act as a vital resource for the communities we serve, effectively respond to the public health challenges we face and enhance our efforts to decrease health disparities.

We have seen first-hand that public health is broadly embedded in what we do as a government. The policy decisions my department and other agencies make will continue to affect people's health. Now that this has been highlighted, the sustainability of public health must remain a priority in decision making moving forward.

## **Recent Program Highlights**

### *Vaccine Roll Out*

The Connecticut COVID-19 Vaccine Program currently has 700 enrolled clinics that order vaccines from DPH and receive training and support on vaccine storage/handling, administration and inventory management. The department has partnered with vaccine providers; pharmacies; local health departments; school nurses; local, community and state agencies; and professional associations to increase COVID-19 vaccine access across the state. To increase COVID-19 vaccine rates in high social vulnerability index (SVI) areas, the department contracted with United Way of CT/211 to support a call center and COVID-19 Immunization Action Plan ([CAPs](#)) Coordinators to conduct outreach. Trusted Messengers Forums also helped increase uptake in the public and among incarcerated individuals.

Over 1,100 healthcare provider clinics have been onboarded to electronically report on administered COVID-19 vaccine doses to the state's immunization information system ("CT WiZ") either by [EHR](#) reporting, manual data entry through the [user interface](#) or through [VAMS](#). Since August 2021, the public has been able to access their COVID-19 records via the CT WiZ Public Portal. As of February 15, 2022, 2,997,813 people have been vaccinated against COVID-19. Among those age 5 and over, 89% have had a least one dose and 79% are fully vaccinated. Of those age 12 and older who are currently eligible, 45% have had an additional (booster) dose.

### *Yellow Vans*

On April 7, 2021, our Health Equity Team launched 10 DPH yellow mobile vaccinations units with our partner Griffin Health to the top SVI cities/towns to provide vaccinations in communities of color. By the end of April, we had 35 mobile units administering vaccinations in all cities and towns in Connecticut. Our motto is "To meet our residents where they are." The work of the Health Equity Team assisted in eliminating barriers such as insurance and identification but most importantly resulted in additional trusted providers in the community. As of February 17, 2022, a total of 161,924 COVID-19 vaccinations had been administered, including pediatric doses. 64.6% of total doses have been administered in high SVI cities/towns, with 35.4% of total doses administered in other communities.

### *COVID-19 Testing*

DPH currently manages 27 state supported COVID-19 testing sites across the state. These testing sites were stood up in summer 2021 in response to an increased demand for testing due to the presence of the Delta variant. In conjunction with local health officials, towns, municipalities, and approved contractors, an initial 23 testing sites were strategically placed across the state. Placement was determined by analyzing testing and positivity rates, vaccine coverage rates, towns with high SVI ranking, and the percentage of the town's population with access to testing within a 10-mile radius. The first site opened in Danbury on August 14, 2021, with the other 22 sites operational by the end of September. In response to the surge associated with the Omicron variant and increased

testing demand through the holidays, the existing testing sites extended their operating hours and 4 additional sites were brought on board. The National Guard also provided supplementary support in all locations.

From August 2021 through February 2022, there have been over 260,000 COVID-19 PCR tests administered at state supported testing sites. Moving forward, the agency will continue to support serving the state's most vulnerable populations through strategically placed testing sites that can easily scale operations in accordance with fluctuating and unpredictable demand.

### *Contact Tracing*

Over \$29 million was allocated to the department from Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) funds to provide contract tracing services to limit community transmission, track the spread of COVID-19 by identifying linked cases and to connect people with community resource coordinators who provide individuals with the needed resources to successfully self-isolate and self-quarantine. Since October 2020, the statewide contact tracers have made nearly 400,000 calls to Connecticut residents who tested positive for COVID-19 or their close contacts and successfully interviewed over 200,000 of those individuals. This is approximately 50% of the overall contract tracing volume statewide. Since June 2020, contact tracers at the state and local level have made over 800,000 calls to Connecticut residents and interviewed approximately 350,000 individuals.

### *WIC Program*

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) provides healthcare referrals, nutrition education, breastfeeding promotion and support, and supplemental foods for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. The program is 100% federally funded by the United States Department of Agriculture (USDA). Despite unprecedented challenges faced during the COVID-19 pandemic, the Connecticut WIC Program successfully remained open for business, maximizing federal waivers to offer remote services and issue benefits to eligible families. Further, from January to October 2021, the Connecticut WIC Program has experienced a 3.1% increase in overall participation and a 4.9% increase among children and infants.

Although participation is trending up, the Connecticut WIC Program continues to implement strategies to increase recruitment and retention of eligible women, infants, and children. This includes conducting a recruitment and retention campaign focused on specific urban and rural communities; piloting a referral process between the Department of Social Services (DSS) Hartford regional office and the Bristol Hospital WIC Program; developing an online interest form with DPH Information Technology staff for eligible participants; providing training and developing referral methods for cross promotion of Office of Early Childhood (OEC) programs, including home visiting and the "Sparkler" mobile app; developing and disseminating the "Maximizing your WIC and SNAP Benefits" flyer with the DSS Supplemental Nutrition Assistance Program (SNAP) and the OEC; and engaging with a variety of other coalitions, groups, and partners. WIC Program staff are also exploring data sharing opportunities with DSS that would help to identify and target potentially eligible participants enrolled in SNAP and Medicaid.

### *School Based Health Centers (SBHC)*

In the 2020-2021 school year, the department funded 90 SBHCs covering 28 towns that provided 79,773 medical, mental health and dental visits. DPH received CDC Crisis Response Cooperative Agreement funding, earmarked for the expansion of SBHCs to address the effects of the COVID-19 pandemic. Funding is available for the time period beginning July 1, 2021, and ending June 30, 2023. Using these funds, the department will identify new SBHC locations and expand the workforce in existing under resourced SBHCs. DPH is contracting with the School Based Health Alliance to assist with activities related to this funding. This organization is the premier provider of technical assistance, training, and consulting services to the school-based health care field. The SBHC Expansion Working Group established under PA 21-35 is also informing the expansion of SBHCs across the state.

## **Proposed Legislative Initiatives Having Budgetary Impacts**

### *Student Loan Repayment Program (SLRP)*

Throughout the pandemic, we have seen record health care provider burn out, which is exacerbating access issues in already under resourced areas of the state. In response, the Governor is proposing that \$17 million dollars in Coronavirus State Fiscal Recovery Funds (CSFRF) be directed to a student loan repayment program to build and retain our health care workforce where providers are needed the most. This supplements \$1.0 million in already approved CSFRF funding for the SLRP. Currently, behavioral health providers are not eligible to participate in the student loan repayment program, but we are proposing adding them this session through legislation.

### *Lead Abatement*

The department's Lead Program works to address ongoing and emerging lead issues. The Governor recommends the allocation of \$70 million in CSFRF that will be invested to directly benefit families affected by elevated blood lead levels, to remediate older housing stock, and assist with local health assessment, investigation and follow-up. Coupled with this funding, Governor's Bill No. 5045, AA Reducing Lead Poisoning, proposes lowering the blood lead levels that trigger a local health investigation, care of the child/family, and housing remediation. Current law requires laboratory reporting of blood lead test results on all individuals to DPH. Each time there is a report on an exceedance of blood lead levels in children, the department works with local health directors to monitor and address the case in an expeditious manner. The Governor's initiatives to combat lead poisoning, combined with \$445 million in Infrastructure Investment and Jobs Act funding dedicated to eliminating lead service lines and pipes, will help ensure that Connecticut children can reach their full potential and residents can raise healthy, thriving families.

### *Private and Semi-Public Well Testing Database*

Included in the department's legislative agenda is a proposal that requires drinking water quality testing of private and semi-public drinking water supply wells. This testing is proposed to take place at the time of property transfer, with laboratory results reported to DPH. The Governor's budget supports one additional position to implement this program and provides funding for the development of a database system module to enable tracking and appropriate follow up on these results statewide.

## **Proposed Budget Adjustments**

The Governor's proposed FY 2023 budget for DPH's appropriated accounts totals approximately \$142.5 million, with \$66.6 million in the General Fund and \$76.0 million in the Insurance Fund. This will be supplemented by \$50,000 in funds carried forward from FY 2022 into FY 2023. Below are highlights of the proposed budget:

- A net reduction in the Personal Services account of \$1,515,422 is comprised of a decrease of \$1,669,897 to reflect the transfer of 16 FTE positions from DPH to the Department of Administrative Services (DAS) to consolidate information technology functions; an increase of \$68,268 to support 1 FTE position to implement revised testing requirements for private and semi-public wells; and an increase \$86,207 to support 1 FTE position to implement licensure of the Albert J. Solnit Children's Center, operated by the Department of Children and Families, pursuant to PA 21-2 of the June Special Session.
- A net decrease of \$1,117,862 in the Other Expenses account reflects the transfer of \$1,121,072 from DPH to DAS to consolidate information technology functions; and the addition of \$3,210 to support ancillary costs of implementing licensure of the Solnit Center.
- The budget increases by \$244,558 the appropriation that supports the payment of per capita grants to

local and district departments of health. This results in these grants being fully funded, in accordance with 2020 town population estimates and as determined based on statutory rates and eligibility guidelines.

- \$1,000,000 is transferred from the Local and District Departments of Health (LDDH) account to a new Tobacco Prevention account to simplify accounting and increase transparency. This funding was first appropriated in FY 2023 to support community-based tobacco prevention activities.
- As compared to the adopted FY 2023 budget, no change in funding is proposed for the remaining DPH General Fund accounts, including LGBTQ Health and Human Service Network (\$250,000), Office of Pandemic Preparedness (\$300,000), Community Health Services (\$3,586,753), and Rape Crisis (\$548,128); and the Insurance Fund accounts, including Needle and Syringe Exchange Program (\$460,741), Children's Health Initiatives (\$3,014,016), AIDS Services (\$4,987,064), Breast and Cervical Cancer Detection and Treatment (\$2,205,486), Immunization Services (\$64,145,438), X-Ray Screening and Tuberculosis Care (\$968,026), and Venereal Disease Control (\$197,341).
- \$50,000 from carry forward funds will support one-time costs associated with an information technology upgrade to implement an electronic reporting system to facilitate DPH's receipt of laboratory water testing results for private and semi-public wells.

Additionally, the Governor proposes the allocation of approximately \$91 million to support several initiatives using federal Coronavirus State Fiscal Recovery Funds:

- \$70,000,000 for healthy and lead safe homes; allocated as \$50,000,000 in FY 2023 and \$20,000,000 in FY 2024 to support lead remediation, abatement, and other health safety improvements in housing.
- \$17,000,000 for the Student Loan Repayment Program (SLRP), allocated as \$3,000,000 in FY 2023, and \$7,000,000 in each of FY 2024 and FY 2025. This funding will expand SLRP opportunities for primary care clinicians and allow for an extension of the program to include behavioral health professionals.
- \$3,634,417 for community violence prevention programs; allocated as \$1,989,606 in FY 2023 and \$1,644,811 in FY 2024 to support community gun violence prevention and intervention activities.
- \$325,000 for the costs of storing and maintaining COVID-19 personal protective equipment (PPE) and ventilators, allocated as one-time funding in FY 2023.

Thank you for your time and the opportunity to discuss the Governor's proposed FY 2023 budget adjustments for the Department of Public Health. I am happy to answer any questions you may have.